



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,
L.M.S.W.
Commissioner

November 28, 2016

UPS GROUND

Mr. Martin Teller
Executive Director
Finger Lakes Addictions Counseling
and Referral Agency, Inc.
28 East Main Street, 5th Floor
Clifton Springs, New York 14432-1231

Re: Provider #39040
Operating Certificate #181011644
PRU #50075

Dear Mr. Teller:

Operating Certificate #181011644 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This Operating Certificate renews authorization for Finger Lakes Addictions Counseling and Referral Agency, Inc. to operate a Part 819 chemical dependence community residential service at 28 East Main Street, Clifton Springs, effective November 1, 2016.

The two year term of the Operating Certificate is based on the scores identified on the attached *Operating Certificate Renewal Compliance Summary Sheet*.

Finger Lakes Addictions Counseling and Referral Agency, Inc. is responsible for complying with applicable building occupancy limitations and securing any necessary approvals from other governmental entities.

This Operating Certificate is to be prominently displayed at the service site.

The Mental Hygiene Law requires services to be operated in accordance with the terms of the Operating Certificate. Therefore, please carefully examine this certificate and notify the Bureau of Certification immediately if it contains any inaccuracies.

Sincerely,

Janet L. Paloski
Director

Bureau of Certification and Systems Management

Enclosures

Mr. Martin Teller
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cc w/encs.: Charles W. Monson
Tim Donovan
Donna Stott
Lynn DeFruscio
Diane L. Johnston (Ontario County)
Gehrig Lohrmann (Board Chairperson, Finger Lakes Addictions Counseling and Referral Agency, Inc.)
Guy Morse (Clinical Supervisor, Finger Lakes Addictions Counseling and Referral Agency, Inc.)

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION**

OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

Provider Legal Name:	<u>Finger Lakes Addictions Counseling and Referral Agency, Inc.</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Community Residential</u>

Building:	_____
Room/ Floor	<u>2nd Floor</u>
Street Address:	<u>28 East Main Street</u>
City and Zip Code:	<u>Clifton Springs, 14432</u>

Provider Number:	<u>39040</u>
Operating Certificate Number:	<u>1810 11644</u>
Recertification Review Number:	<u>AL16026</u>
Recertification Review Conducted:	<u>10/5/2016 to: 10/7/2016</u>

PRU Number(s): 50075 Capacity: 18

<u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u>		
<u>Compliance Scores</u>	<u>Compliance Ratings</u>	<u>Term of Renewed Operating Certificate</u>
---	Quality Services Review	9 months
0 - 1.75	Red Flag Deficiency(ies) Noncompliance	6 months 6 months
1.76 - 2.50	Minimal Compliance	1 year
2.51 - 3.25	Partial Compliance	2 years
3.26 - 4.00	Substantial Compliance	3 years

RECERTIFICATION REVIEW RESULTS

COMPLIANCE STATUS

	<u>Quality Indicator</u>	<u>Overall</u>	<u>Yes/No</u>	<u>Renewal Term</u>
▶ Case Records	<u>2.82</u>	<u>3.05</u>		<u>2 years</u>
▶ Service Management	<u>4.00</u>	<u>3.82</u>		<u>3 years</u>
▶ Facility	<u>n/a</u>	<u>3.81</u>		<u>3 years</u>
▶ Red Flag Deficiency(ies) (For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review)				
▶ Quality Services Review				n/a

FISCAL VIABILITY REVIEWS

Term

- Fiscal viability package not submitted.
- Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28).

Fiscal Viability Levels

Current Ratio Current Assets to Current Liabilities	Total Ratio Total Assets to Total Liabilities
.90 to 1.0 = 3 year Certificate	1.0 to 1.0 = 3 year Certificate
.60 to .89 = 2 year Certificate	.60 to .99 = 2 year Certificate
.40 to .59 = 1 year Conditional Certificate	.40 to .59 = 1 year Conditional Certificate
< .40 = 6 month Conditional Certificate	< .40 = 6 month Conditional Certificate

Current Ratio 1.53 Overall Ratio 1.8 3 year

CERTIFICATE TERM The term for the enclosed Operating Certificate is two years

State of New York

Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

Finger Lakes Addictions Counseling and Referral Agency, Inc.

is hereby granted this

CHEMICAL DEPENDENCE OPERATING CERTIFICATE

authorizing the operation of Chemical Dependence Services, in compliance with the requirements of
14 NYCRR Parts 800 and 814 and the laws and regulations of the State of New York

Site

2nd Floor
28 East Main Street
Clifton Springs, New York
14432-1231

Program Name(s)

Service(s)

- Part 819 Community Residential - 18 beds



Charles W. Monson

181011644

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: November 01, 2016
EXPIRATION DATE: October 31, 2018